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FAX TRANSMISSION**DATE:** December 4, 2009**PTO IDENTIFIER:** Application Number 10/539,212-Conf. #2349
Patent Number**Inventor:** Olga N. Kovbasnjuk et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Jonathan M. Sparks, Ph.D.

PHONE: (617) 517-5543**Attorney Dkt. #:** 60384(71699)**PAGES (Including Cover Sheet):** 10**CONTENTS:** Certificate of Transmission (1 page)
Amendment and Reply (7 pages)
Amendment Transmittal (1 page)

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PTO/5B/97 (09-04)

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Application No. (if known): 10/539,212

Attorney Docket No.: 00384(71699)

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53,624

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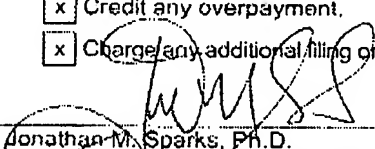
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Amendment and Reply (7 pages)
Amendment Transmittal (1 page)

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AMENDMENT TRANSMITTAL LETTER				Docket No. 60384(71699)	
Application No. 10/539,212-Conf. #2349	Filing Date June 17, 2005	Examiner S. J. Huff	Art Unit 1643		
Applicant(s): Olga N. Kovbasnjuk et al.					
Invention: TREATMENT OF METASTATIC COLON CANCER WITH B-SUBUNIT OF SHIGA TOXIN					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 20 =	0	x 26.00	0.00
Independent Claims	2	- 3 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Jonathan M. Sparks, Ph.D. Attorney/Agent Reg. No.: 53,624				Dated: <u>December 4, 2009</u>	
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